## Department For Behavioral Health, Developmental and Intellectual Disabilities Administration and Financial Management Rate Notice

Facility: Western State Nursing Facility

## Fiscal Year 2022

|                          | Nursing Cost  |                             |                      |
|--------------------------|---|-----------------------------|----------------------|
| 1.                       | Total Allowed Nursing Cost                              |                             | 3,605.00             |
| 2.                       | Trending Factor   |                             | .0290000             |
| 3.                       | Trended Nursing Cost                                    |                             | 3,959.55             |
| 4.<br>5.                 | Indexing Factor Indexed Nursing Cost                    |                             | .0250000<br>0,558.54 |
| 5.<br>6.                 | Patient Days  | Ψ1,03                       | 34,828               |
| 7.                       | Nursing Services Per Diem Payment Rate                  | \$                          | 219.67               |
|                          | ,   |                             |                      |
|                          |   |                             |                      |
|                          | All Other Cost  |                             |                      |
| 1.                       | Other Care Related Costs                                | \$ 47                       | 5,173.00             |
| 2.                       | Other Operating Costs                                   | \$6,398,918.00              |                      |
| 3.                       | Indirect Ancillary Costs                                | \$                          | -                    |
| 4.                       | Total All Other Costs (Other Than Capital) - calculated | \$6,874,091.00              |                      |
| 5.<br>6.                 | Trending Factor All Other Costs Trended - calculated    | 1.0290000<br>\$7,073,439.64 |                      |
| 7.                       | Indexing Factor   | 1.0250000                   |                      |
| 8.                       | All Other Costs Indexed                                 | \$7,250,275.63              |                      |
| 9.                       | Capital Costs   | \$ 282,459.00               |                      |
| 10.                      | Total All Other Costs (Trended and Indexed)             | \$7,53                      | 2,734.63             |
| 11.                      | Patient Days  |                             | 34,828               |
| 12.                      | All Other Cost Per Diem                                 | \$                          | 216.28               |
|                          |   |                             |                      |
| Payment Rate Computation |   |                             |                      |
| 1.                       | Nursing Services Per Diem Payment Rate                  | \$                          | 219.67               |
| 2.                       | All Other Cost Per Diem Rate                            | \$                          | 216.28               |
|                          |   |                             |                      |
|                          | TOTAL RATE  | \$                          | 435.95               |